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International Development Research Centre
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Tentative Outline of a periodical on Family Health
for French-speaking tropical Africa

Information Sciences Division

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1. General Considerations

1. Awareness, development and information

The role of information per se in the development process has been grossly overlooked by specialists. One would look in vain for a reader or textbook on development that gives any significant attention to this factor. Information, like arithmetic or breathing, is second nature to our culture to such an extent that we can only with difficulty imagine people functioning without it.

Yet if one defines information as explaining what one intends to do, why, for whom, how, and with what means, it clearly stands out as a key factor in any "participant" approach to development. Real development can be described in the words of Richard Barnet as "an awakening of awareness, literally an unfolding. A society will develop only as the individuals in it develop their true potential and are prepared to give themselves to social effort to which they feel personally related and in which they have some rights to control their destinies."

Information appears to be a fundamental dimension of this awareness (which appears close to the concept of "conscientizacao" - or "critical consciousness", as D. Goulet terms it - of the well-known Brazilian educator Paolo Freire). One of the most interesting aspects of the Chinese revolution for instance has been the continual flow of information from government to people and vice-versa. (See for instance, Fanshen, the remarkable classic of a Chinese village during the revolution, by R. Hinton).

Maybe Barnet's definition helps understand why information has such a low priority in traditional Western theories and practise of approaches to development :by and large, development has been seen as something one

... to a society or a group of people with a given dose of Western technology, know-how and experts, rather than a dynamic transformation that has to be triggered from inside a society with the active collaboration of its people. In few areas has this been more evident than in the area of "population assistance", and its insensitive, heavy-handed technocratic approach to one of the most intricate, sensitive areas of human life :sexuality and contraception.

2. Importance of information

In the important and growing effort made by foreign agencies in the area of family planning and related issues in past years, probably no area has been as systematically neglected as information. Information on what one intends to deal with or offer (family planning or population control?), on why agencies are offering this particular aid unasked when other more pressing needs go unheeded (donors' motives); on what one really expects to achieve; on the medical, cultural and psychological impact of the new technologies being offered, etc. Only now, as a backlash is building up which 5 years ago could have been avoided, are very few people becoming aware of the deleterious effect of this lack of information combined with the rather lackadaisical "I-want-to-get-there-first" approach to the whole issue.

For donor agencies mainly interested in population control, no amount of the semantic niceties - which have become very much à la mode in the population establishment recently - should hide the fact that such verbal gymnastics will not solve the opposition between their vision and that of potential recipients, and misunderstandings will subsist whatever the amount of information. Some knowledgeable experts claim that the main cause

...to family planning in past years in this area of the world. The heavy-handed pressure of some key agencies for population control, to the extent that "family planning" for many has almost become a dirty word, equated in most people's minds with government imposed programs aimed at preventing people from having the number of children they wish for. One of the first roles of information in this area is thus correcting the widespread misinformation already present.

The crucial role of information in this area can maybe best be brought out by the following analogy. Let us imagine a country where the government, for some reason or other, decides almost overnight to change the main traffic rules: cars will run backwards rather than forward, will stop at green lights and proceed at red ones, small side roads will have priority over large avenues, etc. Such a change would create havoc were it implemented without adequate information started long before day X.

In the field of family planning one is in a somewhat similar situation. We are faced with millennial pro-natalist attitudes which have the deepest roots in social structure, culture, religion, art, economics, demographic realities (very high mortality in rural areas) and so on. Yet we are expecting people to reverse deeply entrenched attitudes and behavioral patterns in the most intimate sphere of human life (sexual patterns) guarded by a quasi-impregnable fortress of taboos and subconscious fears, and all that in a minimum of time and with little or no information. It is no surprise results have been so poor until now. The contrary would be surprising.

The same remarks apply, although to a lesser extent, to other fields of public health, especially nutrition, as it is well-known that eating habits are among the most difficult to change, but also to general

attitudes towards medicine, (traditional versus modern), etc.

3. An illustration: problems in the field of family health, family planning/ population information.

Let us examine a few questions one can raise in relation to one specific medium of information, the printed word, in the French-speaking tropical African context.

Question 1: The most well received type of information is one that corresponds to the felt needs of the prospective recipients of this information.

Is there a felt need for family planning information in this area?

The question itself already betrays a limited concern. "Family planning" is a Western concept, and even if one accepts a broad definition of it as dealing with sterility as well as contraception, it is still too limited. People do not plan the number of children they have independently of the larger context of aspirations, income, prestige, etc. which form the general pattern of their lives.

Furthermore, and this is one of the most important factors to consider, the health infrastructure of these countries is such that it would be an unjustified waste of rare resources to attempt to start family planning activities independently of the broader context of health needs and concerns*. It is thus more appropriate to speak in terms of family

* It is not the place to embark here on a description of the very poor health infrastructure of francophone Africa (a brief description and implications for family planning will be laid out in a forthcoming report) which is well-known to people knowledgeable with the area. For most practical purposes, the large majority of people are financially, geographically or psychologically deprived of access to modern health care except in rare crisis situations.

health, a term which has been variously described, and which one can define as covering problems of nutrition, hygiene, contraception, sex education, sterility problems, child care, simple preventive medicine and even family budgets and elements of home economics.

Question 2: Who is interested in receiving information?

There is a great interest in family health in practically all sections of the population. Nevertheless, as we are thinking in terms of printed information in very heterogeneous populations, and given the special interest of many agencies in family planning, it might be useful to attempt to pinpoint more precisely given foci of interest in given literate subgroups. Needless to say, the following table which contains approximate guess-timates by one knowledgeable observer makes no claims to infallibility.

Hypothetical model of Interest in Family Health and related Issues among literate People of French-speaking West Africa by social class and subject matter.

Group concerned	Lower-level civil servants (including primary school teachers and paramedicals) and skilled workers, employees. I	Middle-level civil servants and employees. II	Cadres (liberal professions, top-level civil-servants, indep. businessmen). III
Topic			
Family planning (excluding sterility)	***	***	**
Sterility	***	**	*
Sex-educ.	***	***	***
Nutrition	***	**	-
Child care	***	**	*
Population education (in a narrow sense)	-	-	-

- *** - very great interest
- ** - considerable interest
- * - some interest
- - no interest

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In other words, information needs are completely unmet at the lower levels (which include key public opinion makers such as paramedical personnel) and tend to diminish as one approaches the more well-to-do classes, with the exception of sex education for which one notes universal concern. Nutrition is a good example: with low income, the way one spends money is important. At the upper level, people already read French magazines like Parents and already have a certain amount of information on these matters, and their income enables them to buy a large spectrum of foods. In the area of sterility, most cadres have immediate access to private medical practitioners and can pay for expensive treatments, thus printed information is of low value to them, not to mention that the incidence of sterility is also lower among them.

It is important to stress what appears to be the low level of interest in population education per se, defined in a narrow sense and as it has been practised until now. To raise any real interest, population education should in fact be authentic development education stressing the importance of the population factor - but not "development education" used as a means or a gimmick to stressing the "paramount" importance of the population factor. On the contrary, all population education should be undertaken in the context of a certain vision of development, otherwise it is necessarily meaningless. But foreign experts can hardly outline what this African vision of development should be. One realizes the complexity of the issue. These are a few brief comments on the table - one could make many more.

It thus appears that the greatest need is for a publication aimed at lower level civil servants (or lower and middle level) for a variety of reasons:

... are the most strongly motivated: information is an intense need for them, and the rising cost of living, stagnant income, growing family responsibilities make this class of people want to limit their families, contrary to group III where income elasticity is greater. The thirst for reading material is intense in this group for a variety of reasons: they have no money to purchase books or subscribe to Western-type journals (like Planning Familial, Parents, etc.); they often live in small towns/ large villages with no bookstores or libraries; the tidbits of information they get via the radio simply whet their curiosity, etc. This explains why the book distribution aspect of the American Friends Service Committee has been such a success - in about 20 months this organization distributed close to \$24,000 worth of books in a dozen countries of West and Equatorial Africa, solely in the field of family planning and sex education, and has barely scratched the surface of needs*. (These books have been fairly equally distributed between groups I, II & III).

- Class III often don't read serious technical material; those professionally interested in population are amply "covered" by Population Council publications¹⁾; they are politically unstable (continued shuffling of top-level personnel) and, last but not least, they care very little, often not at all, about development.

* The American Friends' Service Committee has had a most successful program of information in the field of family planning, population and sex education, based in Dakar, since 1971. A successor to the former resident is presently being looked for although the program might change its emphasis.

1) There are even instances of such people complaining that they were bombarded with unsolicited literature and questioning the motives behind this. In other words, information, depending on how it is done, can have a negative impact.

Some organizations hoping for quick returns of a limited nature (i.e. influencing people so that they make political decisions favorable to population control) are more interested in class III²⁾. This appears a short-sighted approach, and a more long-term strategy is needed.

Furthermore, publications aimed at III will necessarily have a restricted readership, - a few thousand - whereas class I could absorb very rapidly tens of thousands of copies of a publication and one can be sure that the information would be disseminated to many others. In other words, class III public tend to be "receivers" (except for the few decision makers), whereas class I tend to be "transmitters": information is so scarce at their level that they immediately propagate it.

Question 3: Who should prepare the information?

An African-based organization run by Africans would of course be the ideal solution. But the ideal solution is very far off for a variety of reasons, amongst which:

- the dearth of really well-trained professionals in the fields mentioned above. French-speaking Africans with thorough professional training in sex education are to the best of my knowledge inexistant; those with good training in family planning are very rare; one can find a very few with good knowledge of nutrition. "Public health generalists" or generalists in population/family health can practically be counted on one hand and when they exist (e.g. someone like Dr. Emile Z. Gadagbé, director of MCH Services in Togo) they are so precious to their own

2) Another reason for which this is a rather improductive approach, even in terms of influencing political decisions, is that political power and decision-making is extremely concentrated. No major decision will be made without presidential approval. "Public opinion" does not function as in the West, even in the narrow circle of the power elite.

country it would be almost criminal to tempt them away.

- It is difficult to think of a suitable institutional base in an African Institution. A place like l'Ecole Nationale de la Santé Publique in Rennes is completely dominated by the French and in any case would not have the specialized staff to undertake a venture like e.g. publishing a bi-monthly publication in family health; the C.E.S.S.I. in Dakar (Centre d'Etudes Supérieures de Soins Infirmiers) would hardly be more suitable, although for different reasons.

It thus appears that, initially at least, the initiative and institutional basis should be offered by a foreign-based organization, which explains some of the reasons IDRC has decided to undertake this venture.

Nevertheless, IDRC sees its role in this area as temporary. It hopes that within reasonable time limits, an African team and ideally an African institution will be able to take over the whole project. Right from the beginning, the publication will have an African editorial committee and it is planned that an African assistant editor with residence in Dakar will join the IDRC team from the ~~out~~ start.

To conclude, it should be stressed that the publication will in no way be providing family planning information under the guise of family health, as is done sometimes. "Education for development" is the aim of the effort, but centering more specifically on the area of family health because one is aiming at a specialized readership.

II Details of Project

1. Financial backing of project. IDRC, Ottawa.
2. Public aimed at: mainly paramedical personnel and teachers, social workers, womens' organizations and unions and the general category

called "animateurs" in French-speaking countries. We plan to make a special effort to reach the "countryside" and problems of the rural areas.

3. Frequency: initially, one issue every two months, with every 3rd or 4th issue covering a special topic, (e.g. sex education, nutrition, etc.).
4. Editorial offices will initially be in Ottawa (editor) and Dakar (assistant editor), where IDRC has a regional office. Ultimately, it is hoped that the whole project, including the main editorial office, will be taken over by an African institution, but it will probably take a certain time before this can be worked out.
5. Collaborators: an editorial board, composed of Africans will be formed at a forthcoming meeting in Dakar (see below), and we will aim at having African contributors writing as many of the papers as possible right from the beginning, although we acknowledge that this will not always be possible.
6. Topics covered: "Family health" is a broad and elastic term and with varying connotations for a variety of people. We have been thinking of the following topics for inclusion in the publication:
 - Sex education
 - Maternal and child health
 - Health education and hygiene
 - Nutrition
 - Family planning

These would be regular topics. Others which might receive fairly regular coverage could be women's emancipation, population education, etc.

General educational issues would be also covered as both the need for education and urgency of widespread fundamental changes in the educational system of Africa are acknowledged, as well as broader issues one could

call "paths to development".

7. General approach: it is planned that these topics will be presented in the broad framework of development issues, i.e. the publication will be aiming at education for development via family health or "consciousness-raising" for development. We think it is not only useless but positively harmful to present information on the above topics in a way that is unrelated to broader issues of social and structural change, the general aims of development, etc. This will no doubt be a major challenge, given the variety of countries we are planning to cover, but we believe it is possible and that more agreement on basic issues exists in Africa today than most foreign observers believe, at least at the level we are aiming to reach.
8. Presentation: the 30-35 page publication will be attractively presented, with numerous photos.
9. Distribution: the main problem is one of distribution. It is clear that, given the nature of the administration in most French-speaking countries, large-scale free distribution of a publication cannot be done without government approval. We are hoping that this authorization will be granted and that the publication can simply be sent through the post from Dakar, where we are thinking of having it published if a certain number of practical problems can be solved.
10. Meeting in Dakar to discuss publication: The above represents the state of IDRC's thinking on the project at the present moment. Returns of a short questionnaire sent to about 150 people in 15 countries have been unanimously favorable toward the project which is a first indication that we are working in the right direction. It must also be stated that the participants of the first Inter-African Seminar on Sex Education,

organized in April 1973 in Bamako by the American Friends Service Committee (AFSC) with official malian government sponsorship, urged the creation of at least a bulletin to cover problems of family life education. The project thus represents, in part, a first approach to fulfilling this request.

Nevertheless, we have felt it necessary to invite 25 Africans from 11 countries for a three day "brainstorming" session to comment on, criticize and maybe modify the above project. The meeting will be held in Dakar in December. About 1/3 of the participants will be higher level civil servants, 1/3 will represent the future readers, and about 1/3 will be researchers, and others. All the above points will be discussed and suggestions for the title of the publication, future collaborators, the editorial board and others will be solicited. The main topic will no doubt be the general approach of the publication (see 7 above).

If things work out as scheduled - and given the fact that such a project represents a new approach, we realize that a considerable number of predictable factors are involved - we hope to get two issues ready by next spring, which the editor would present to ministers of health and education in French-speaking African countries next spring-summer. The publication might then start appearing on a regular basis in the fall of 1974 - in time, hopefully, to get a special issue on population out before the end of the year.

11. Person in charge of project: Dr. Pierre Pradervand, who has just spent 2 years in West Africa as AFSC resident for family planning, population and sex education, will be in charge of the project. He will be assisted by someone with experience in publishing; an African woman will be colla-

promoting as assistant editor from the Dakar office of IDRC. A sociologist with 8 years experience in the field of population-related issues in Africa, Pierre Pradervand has just recently joined the Information Sciences Division of IDRC to start this new project.